

Severance Request (Appeals)

Dated:

Claimant ID/SSN.:

Docket No.:

In accordance with the provisions of 56 Ill. Adm. Code 2720.230(c) and 2725.235(c),

(Check One) (Claimant Employer), in the above referenced Docket Number, hereby requests that the hearing associated with the above referenced Docket Number be severed from the hearing associated with Docket Number . The severance of hearings is required for the following reason(s):

I certify that a copy of this Severance Request was served on all parties.

Signature (Claimant / Employer)

Signature (Attorney / Representative)
For
(Claimant / Employer)

Illinois Department of Employment Security
33 South State Street
8th Floor
Chicago, Illinois 60603-2802
www.ides.illinois.gov

Chicago: 1-800-821-3550 Springfield: 1-800-423-2458
Fax: 1-312-793-1119 Fax: 1-217-524-7824